



402 - MEMBER TRANSITION FOR ANNUAL ENROLLMENT CHOICE AND ELIGIBILITY CHANGES

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STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS

I. PURPOSE

This Policy applies to Acute Care, ADHS/DBHS, ALTCS/EPD, CRS, DES/CMDP (CMDP), and DES/DDD (DDD) Contractors. This Policy establishes guidelines, criteria and timeframes for how members are to be transitioned between AHCCCS Contractors and how Contractors are notified for Annual Enrollment Choice (AEC) and eligibility changes. This Policy delineates the rights, obligations and responsibilities of the member's current (relinquishing) Contractor and the requested (receiving) Contractor. The Contractors and AHCCCS work together to ensure the smooth transition of members as they change from one Contractor to another. Maintenance of continuity and the quality of care are the overriding considerations for member transitions.

This Policy does not include requirements for the following transitions:

1. Member transitions due to Contractor Award, Contractor Termination, or material change to the Contractor's network.
2. Member transitions due to member request for Contractor change outside of Contractor choice offered upon initial enrollment and the Annual Enrollment Choice (AEC) period (See ACOM Policy 401).
3. Long Term Care member transitions due to enrollment choice in a county with choice and change of Contractor (See ACOM Policy 403).
4. Member transition between ALTCS/EPD and DDD Contractors. Members may be transitioned between ALTCS/EPD Contractors or between an ALTCS/EPD Contractor and DDD. Transfers between ALTCS/EPD Contractors generally occur as a result of the member moving out of one Contractor's service area into another. Transfers between an ALTCS/EPD Contractor and DDD are the result of a change in DDD eligibility, as determined by DDD. AMPM Policy 1620-M discusses Contractor responsibilities related to these transitions.

**II. DEFINITIONS****ALTCS TRANSITIONAL PROGRAM**

ALTCS Transitional Program is a program for currently eligible ALTCS members who have improved either medically, functionally or both, to the extent that they are no longer at immediate risk of an institutional level of care at a Nursing Facility (NF) or Intermediate Care Facility (ICF) for persons with Intellectual Disabilities level of care. These members continue to require some long term care services, but at a lower level of care. The ALTCS Transitional program allows those members who meet the lower level of care, as determined by the Pre-Admission Screening (PAS), to continue to receive all ALTCS covered services that are medically necessary.

ANNUAL ENROLLMENT CHOICE (AEC)

The opportunity for a member to change Contractors every 12 months.

ANNIVERSARY DATE

The anniversary date is 12 months from the date the member enrolled with the Contractor and annually thereafter. In some cases, the anniversary date will change based on the last date the member changed Contractors or the last date the member was given an opportunity to change.

CONTRACTOR CHANGE

Members who have been granted a change in Contractor pursuant to ACOM Policy 401 or Policy 403.

ENROLLMENT TRANSITION INFORMATION (ETI)

Member specific information the Relinquishing Contractor must complete and transmit to the Receiving Contractor for those members requiring coordination of services as a result of transitioning to another Contractor. (See AHCCCS Medical Policy Manual, Chapters 500 and 1600).

HEALTH CARE PROFESSIONAL

A physician, podiatrist, optometrist, chiropractor, psychologist, dentist, physician assistant, physical or occupational therapist, therapist assistant, speech language pathologist, audiologist, registered or practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist and certified nurse midwife), licensed social worker, registered respiratory therapist, licensed marriage and family therapist and licensed professional counselor.



**INTEGRATED REGIONAL
BEHAVIORAL HEALTH
AUTHORITY
(INTEGRATED RBHA)**

Organization or entity contracted with ADHS to provide, manage and coordinate all medically necessary behavioral healthcare services either directly or through subcontracts with providers for Title XIX eligible adults. In addition, the organization provides, manages and coordinates all medically necessary physical health services for individuals with Serious Mental Illness.

**GEOGRAPHIC SERVICE
AREA (GSA)**

An area designated by AHCCCS within which a Contractor of record provides, directly or through subcontract, covered health care service to a member enrolled with that Contractor of record, as defined in 9 A.A.C.22, Article 1.

MEMBER TRANSITION

The process during which members change from one Contractor to another.

**POTENTIAL TRANSITION
LISTING (PTL)**

The PTL file provides the Contractor with the basic demographic information of all members who may be joining or leaving.

RECEIVING CONTRACTOR

The Contractor with which the member will become enrolled as a result of annual enrollment choice, open enrollment, a Contractor change or a change in eligibility.

**REGIONAL BEHAVIORAL
HEALTH AUTHORITY
(RBHA)**

An organization under contract with the ADHS to administer covered behavioral health services in a geographically specific area of the state. Refer to A.R.S. §§36-3401, 36-3407 and A.A.C. Title 9, Chapter 22, Article 12.

**RELINQUISHING
CONTRACTOR**

The Contractor in which the member will be leaving as a result of annual enrollment choice, open enrollment, a Contractor change or a change in eligibility.



III. POLICY

A. TRANSITIONS

1. Annual Enrollment Choice (AEC)

- a. Members residing in GSAs with choice of Contractor may change enrollment once a year. AHCCCS sends a choice notice to members with enrollment and other information 60 days prior to the member's AEC date.
 - i. The member may choose a new Contractor by contacting AHCCCS to complete the enrollment process.
 - ii. Members who notify AHCCCS of choice of Contractor prior to the anniversary month will transition to the requested Contractor (receiving Contractor) on the first day of the month of the member's anniversary date. Members will receive services from their requested Contractor (receiving Contractor) on the first day of the month in which their anniversary date occurs.
 - iii. If members do not notify AHCCCS of choice of Contractor before the last day of the month in which the anniversary date occurs, the member will not transition to the requested Contractor (receiving Contractor) until the first day of the month following the anniversary month. Members will continue to receive medical care from their current Contractor (relinquishing Contractor) through the end of the month of the anniversary date.
- b. If the member does not participate in the AEC, no change of Contractor will be made during the new anniversary year except for changes approved under ACOM Policy 401.
- c. Members must maintain eligibility as a condition of enrollment in the AHCCCS Program.
 - i. If a member loses eligibility after making an AEC and regains eligibility within 90 days, the member's AEC will be honored.
 - ii. If the member regains eligibility after 90 days, the member will lose their AEC and be auto-assigned to an available Contractor.
 - iii. AHCCCS sends a choice notice to the member, after the member is auto-assigned, allowing the member 30 days to choose an available Contractor in the GSA.

2. Eligibility Changes

Member transitions due to eligibility changes include, but are not limited to, the following:

a. ALTCS/EPD to Acute Member Transition

Members determined through Pre-Admission Screening (PAS) reassessment to no longer be eligible to receive long term care services through ALTCS/EPD or the ALTCS Transitional Program, and are determined eligible for acute care enrollment, will be transitioned to an Acute Care Contractor.



- b. Acute Care or CRS to ALTCS/EPD or DDD
Members who become eligible for ALTCS/EPD or DDD will be transitioned as outlined in this Policy, ACOM Policies 401 and 403, and AMPM Chapters 500.
- c. CMDP and DDD to CRS
Members who become eligible for CRS while enrolled with CMPD or DDD will be automatically enrolled with the CRS Contractor by CRS coverage type as outlined in contract and ACOM Policy 426.
- d. Members No Longer Eligible for CRS
Members, who have been determined by the AHCCCS Division of Member Services (DMS) to no longer be eligible to receive CRS services, will be transitioned as indicated in this Policy, ACOM Policy 426 and AMPM Policy 520.
- e. Acute Care to Integrated RBHA
Members who are enrolled with an Acute Care Contractor and reside in Maricopa County, and who are subsequently diagnosed with a serious mental illness, will be transitioned to the Integrated RBHA for medical and behavioral health services.

B. AHCCCS NOTIFICATION TO CONTRACTORS

Reference Figure 1 below for a matrix outlining transition notification activity.

- 1. Annual Enrollment Potential Transitional List
 - a. AHCCCS provides the Contractors with a Potential Transitional List (PTL).
 - b. The PTL is preliminary information only, based on the member's choice during the annual enrollment period, and is subject to change.
- 2. Enrollment Notification
 - a. Final notification data containing the member's choice of Contractor is provided via the 834 file.
 - b. Enrollment notification data is provided daily and monthly as follows:
 - i. Daily Enrollment Notification (834 File) is completed by AHCCCS between 8:00 p.m. and 11:59 p.m. each night for that day's activity.
 - ii. Monthly Enrollment Notification (834 File) occurs three days before the first of the next month for each AHCCCS Contractor.

See the AHCCCS Technical Interface Guidelines (TIG) for more information pertaining to the 834 Enrollment Notifications.

C. CONTRACTOR TRANSITION POLICY

The Contractor shall develop and implement policies and procedures for the acceptance and transfer of members in accordance with contract and AHCCCS policy.



D. TRANSITION COORDINATOR

The Contractor must identify a representative to serve as Transition Coordinator. The individual appointed to this position must be a health care professional or an individual who possesses the appropriate education and experience and is supported by a health care professional to effectively coordinate and oversee all transition issues, responsibilities, and activities.

The role of the Transition Coordinator includes:

1. Ensuring that transition activities are accomplished in accordance with AHCCCS and Contractor policies and procedures,
2. Acting as an advocate for members leaving and joining the Contractor,
3. Facilitating communication between Contractors and with AHCCCS,
4. Assisting PCPs, internal Contractor departments, and other contracted providers with the coordination of care for transitioning members,
5. Ensuring that continuity of care is maintained during transitions,
6. Participating in AHCCCS transition meetings.

E. RELINQUISHING CONTRACTOR RESPONSIBILITIES

The relinquishing Contractor must complete and transmit ETI information to the appropriate parties no later than 10 calendar days of receipt of AHCCCS notification for each member who has special circumstances, as described in the AMPM Chapter 500, and must comply with the notification requirements specified in this Policy for all member transitions.

The relinquishing Contractor shall:

1. Coordinate care for members with special health care needs with the receiving Contractor in order that services are not interrupted.
2. Continue previously approved prior authorizations for 30 days from the date of the member's transition to the requested Contractor unless a different time period is mutually agreed to by the member or member's representative (**Acute, Integrated RBHA**).



3. Continue a member's service plan for 90 days after the date of the member's transition, unless a different time period is mutually agreed to by the member or responsible party, and adhere to timeframes for initial contact and on-site visit as specified in AMPM Chapter 1600 (**CRS, ALTCS/EPD**).
4. Be responsible for timely notification to the receiving Contractor of pertinent information related to any special needs of transitioning members.
5. Utilize the ETI process as outlined in AMPM Chapter 500 in order to notify the member's receiving Contractor when the CRS member turns 21 years of age and chooses to leave the CRS program, or the member is no longer eligible for the CRS program (**CRS**).
6. Notify the receiving Contractor.

Relinquishing Contractors, who fail to notify receiving Contractors about members that meet the AHCCCS transition notification requirements specified in the AHCCCS Medical Policy Manual Chapter 500, may be responsible for the cost of medically necessary services received by the member. The scope and responsibility for such cases will be reviewed and determined by the AHCCCS Administration.

In cases where AHCCCS determines that the relinquishing Contractor is responsible for payment of services following the transition date, AHCCCS will require the receiving Contractor to provide AHCCCS with information about all costs incurred by the member during the period determined by AHCCCS. Failure to timely provide the requested information to AHCCCS will void the receiving Contractor's claim to reimbursement in that case.

7. Notify the hospital prior to transitioning a member who is hospitalized on the date of transition and comply with the requirements of the AMPM, Chapter 500.

For those hospitalized transitioning members in intensive care units, critical care units, and neonatal intensive care units, close consultation between attending physicians, the member's current PCP, and the member's receiving Contractor and PCP is required.

8. Be responsible for ensuring that a transitioning member's medical records are copied and transmitted when requested by the receiving Contractor's transition coordinator, the member's new PCP or designated office staff. In cases where additional information is medically necessary but is exceptionally lengthy, the Relinquishing Contractor is responsible for the cost of copying and postage.



Under no circumstances is the member required to pay fees or costs associated with the copying and/or transfer of medical records to the receiving Contractor.

9. Ensure coverage and provision of medically necessary services to their assigned members through the date of transition.

Under no circumstances may a Contractor cancel, postpone, or deny a service based on the fact that a member will be transitioning to another Contractor.

10. Be responsible for ensuring that all staff involved with the coordination and/or authorization of services between members and providers are aware of the relinquishing Contractor's duties and obligations to deliver medically necessary services to transitioning members through the date of transition.
11. Remain responsible for adjudicating all pending member grievances and appeals that are filed prior to the member's transition.
12. Be responsible for obtaining the member's choice of Acute Care Contractor and for notifying AHCCCS DMS, as a part of the ALTCS disenrollment process, when the member is transitioning from an ALTCS/EPD to an Acute Care Contractor.
13. Cooperate with the Receiving CRS Contractor in the transition of a member who becomes eligible and enrolls with the CRS Program and provide coordination of care for the member.
14. Be responsible for coordinating care with CMDP or DDD for the transitioning member's CRS and/or behavioral health condition when a member who is enrolled in CMDP or DDD becomes ineligible for CRS.

F. RECEIVING CONTRACTOR RESPONSIBILITIES

Receiving Contractors which fail to timely act upon enrollment transition information or fail to timely coordinate or provide the necessary covered services to transitioning members after being properly notified will be subject to sanctions as outlined in contract and ACOM Policy 408.

The receiving Contractor shall:

1. Coordinate care for members with special health care needs with the relinquishing Contractor in order that services are not interrupted, and provide the new member with Contractor and service information, emergency numbers and instructions about how to obtain services.



2. Extend previously approved prior authorizations for a period of 30 days from the date of the member's transition unless a different time period is mutually agreed to by the member or member's representative. (Acute, Integrated RBHA).
3. Continue a member's service plan for 90 days after the date of the member's transition unless a different time period is mutually agreed to by the member or responsible party, and adhere to timeframes for initial contact and on-site visit as specified in AMPM Chapter 1600 (CRS, ALTCS/EPD).
4. Maintain CRS members' current providers and service authorizations at the time of enrollment for a minimum of 90 days unless a different time period is mutually agreed to by the member or member's representative (CRS).
5. Members in active treatment (including but not limited to chemotherapy, pregnancy, drug regime or a scheduled procedure) with a non-participating/non-contracted provider shall be allowed to continue receiving treatment from the non-participating/non-contracted provider through the duration of their prescribed treatment (CRS, Integrated RBHA).
6. Provide new members with member information within timeframes outlined in ACOM Policy 404.
7. Ensure that transitioning members are assigned to a PCP and can obtain routine, urgent, and emergent medical care in accordance with AHCCCS standards.
8. Be responsible for the payment of obstetrical and delivery services when a pregnant woman who is considered high-risk, is in her third trimester, or is anticipated to deliver within 30 days of transition, elects to remain with her current physician through delivery. If the member's current physician and/or facility selected as her delivery site are not within the receiving Contractor's provider network, the receiving Contractor must negotiate for continued care with the member's provider of choice for payment of obstetrical services even if delivery is scheduled to occur outside of the receiving Contractor's contracted network.
9. Coordinate behavioral health and case management services with the member's assigned RBHA.
10. Maintain ongoing communication with the transition coordinator of the relinquishing Contractor and ensuring all appropriate documents (e.g., medical records if requested, treatment plans, etc.) are received in a timely manner or as specified by both the receiving and relinquishing Contractor.





FIGURE 1: TRANSITION NOTIFICATION MATRIX

TRANSACTION ACTIVITY	RELINQUISHING CONTRACTOR	RECEIVING CONTRACTOR	NOTIFICATION LAYOUT	NOTIFICATION SUBMITTED VIA	NOTIFICATION SUBMITTED TIMEFRAME
<u>ANNUAL ENROLLMENT CHOICE</u> Provides the Contractor with the basic demographic information of all members who may be joining or leaving. This is only preliminary information based on the member's choice during the annual enrollment period.	Acute Care	Acute Care	PTL and 834 File	FTP Server	Created by the 10th of the month following the Member's Annual Enrollment Period
	ALTCS/EPD	ALTCS/EPD	PTL and 834 File	FTP Server	
<u>DAILY ENROLLMENT NOTIFICATION</u> New members to a Contractor, disenrolled or deceased, member demographic changes, other changes (rate code change)	All	All	834 File	Dial in to AHCCCS computer system and download the data file for batch processing.	Completes between 8:00 p.m. and 11:59 p.m. each night for the day's activity.
<u>MONTHLY ENROLLMENT NOTIFICATION</u> Files identify the total active population for each Contractor as of the first of the next month	All	All	834 File	FTP Server	



V. REFERENCES

- 9 A.A.C. 22 Article 1
- 9 A.A.C. 22 Article 12
- A.R.S. §36-3401
- A.R.S. §36-3407
- ACOM Policy 401
- ACOM Policy 403
- ACOM Policy 404
- ACOM Policy 408
- ACOM Policy 426
- AMPM Chapter 500
- AMPM Chapter 1600
- Acute Care Contract, Section D
- ADHS/DBHS Contract, Section D
- ALTCS/EPD Contract, Section D
- CRS Contract, Section D
- DES/CMDP Contract, Section D
- DES/DDD Contract, Section D
- Technical Interface Guidelines (TIG)